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PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0851-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	P05392US0
	First Named Inventor	Martinus W.J.T. Kuijpers et
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

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I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND MEANS FOR CURVING SAUSAGE LINKS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

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(first and middle (if any))

Martius W.J.T.

Family Name
or Surname

Kuijpers

Inventor's
Signature

Date 12-10-01

Residence: City

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State

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

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(first and middle (if any))

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or Surname

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Country

Netherlands

☐ Additional inventors are being named on the 0 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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Application Number	
Filing Date	
First Named Inventor	Martinus W.J.T. Kuipers, et
Group Art Unit	
Examiner Name	
Attorney Docket Number	P05392US0

I hereby appoint:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Frederik F.L.H. Andersmit

Signature

Date

12-10-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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